1059145

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33343
Name: PostRock Midcontinent Production LLC
Address 1: Oklahoma Tower
Address 2: 210 Park Ave, Ste 2750
City: OKLAHOMA CITY State: OK Zip: 73102 + ____
Contact Person: LANCE GALVIN
Phone: (405) 600-7704
CONTRACTOR: License # 5675
Name: McPherson, Ron dba McPherson Drilling
Wellsite Geologist: KEN RECOY
Purchaser: ____

Designate Type of Completion:

- [x] New Well
- [ ] Re-Entry
- [ ] Workover

- [ ] Oil
- [ ] WSW
- [ ] SWD
- [ ] SIOW
- [x] Gas
- [ ] D&A
- [ ] ENHR
- [ ] SIGW
- [ ] OG
- [ ] GSW
- [ ] Temp. Abd.
- [ ] CM *(Coal Bed Methane)*
- [ ] Cathodic
- [ ] Other *(Core, Expl., etc.)*: ____

If Workover/Re-entry: Old Well Info as follows:

Operator: ____
Well Name: ____
Original Comp. Date: ____ Original Total Depth: ____

- [ ] Deepening
- [ ] Re-perf.
- [ ] Conv. to ENHR
- [ ] Conv. to SWD
- [ ] Conv. to GSW
- [ ] Plug Back: ____ Plug Back Total Depth
- [ ] Commingled Permit #: ____
- [ ] Dual Completion Permit #: ____
- [ ] SWD Permit #: ____
- [ ] ENHR Permit #: ____
- [ ] GSW Permit #: ____

3/10/2011	3/11/2011	3/25/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-133-27554-00-00
Spot Description: ____
NW - SE - NW - NE Sec. 32 Twp. 29 S. R. 18 [x] East [ ] West
940 Feet from [x] North / [ ] South Line of Section
1730 Feet from [x] East / [ ] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[x] NE [ ] NW [ ] SE [ ] SW
County: Neosho
Lease Name: ERBE REV TRUST Well #: 32-2A
Field Name: ____
Producing Formation: CHEROKEE COALS
Elevation: Ground: 1077 Kelly Bushing: 0
Total Depth: 1256 Plug Back Total Depth: 1254
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [x] No
If yes, show depth set: ____ Feet
If Alternate II completion, cement circulated from: 1254
feet depth to: 0 w/ 210 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name: ____
Lease Name: ____ License #: ____
Quarter ____ Sec. ____ Twp. ____ S. R. ____ [ ] East [ ] West
County: ____ Permit #: ____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- [x] Letter of Confidentiality Received
  Date: 07/06/2011
- [ ] Confidential Release Date: ____
- [x] Wireline Log Received
- [ ] Geologist Report Received
- [ ] UIC Distribution

ALT [ ] I [x] II [ ] III Approved by: NAOMI JAMES Date: 07/08/2011